

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICA FIRST ACTION, INC.

ADDRESS (number and street)

1400 Crystal Drive

Suite 850

Check if different
than previously
reported. (ACC)

Arlington

VA

22202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00637512

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 24 2020

through

M M M / D D D / Y Y Y Y Y Y
12 31 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

PROCH, JON, , ,

Type or Print Name of Treasurer

Signature of Treasurer

PROCH, JON, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 31 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICA FIRST ACTION, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 24 / 2020 To: M M / D D / Y Y Y Y Y 12 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2020		18154316.68
(b) Cash on Hand at Beginning of Reporting Period.....	3369701.86	
(c) Total Receipts (from Line 19)	232427.55	130882212.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3602129.41	149036528.88
7. Total Disbursements (from Line 31)	283643.77	145718043.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3318485.64	3318485.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICA FIRST ACTION, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	230452.98	127986352.76
(ii) Unitemized	1072.51	1619991.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	231525.49	129606343.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	55000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	231525.49	129661343.92
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	641.69	1186044.54
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	260.37	34823.74
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	232427.55	130882212.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	232427.55	130882212.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	183643.77	11764571.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	183643.77	11764571.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100000.00	100000.00
24. Independent Expenditures (use Schedule E)	0.00	133820069.12
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	33402.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	33402.98
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	283643.77	145718043.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	283643.77	145718043.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	231525.49	129661343.92
34. Total Contribution Refunds (from Line 28(d))	0.00	33402.98
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	231525.49	129627940.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	183643.77	11764571.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	641.69	1186044.54
38. Net Operating Expenditures (subtract Line 37 from Line 36)	183002.08	10578526.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICA FIRST POLICIES, INC

Mailing Address 1400 CRYSTAL DRIVE
SUITE 850

City
ARLINGTON

State
VA

Zip Code
22202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21227386.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2020

Transaction ID : SA11AI.235145

Amount of Each Receipt this Period

180000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICA FIRST POLICIES, INC

Mailing Address 1400 CRYSTAL DRIVE
SUITE 850

City
ARLINGTON

State
VA

Zip Code
22202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21277177.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2020

Transaction ID : SA11AI.237751

Amount of Each Receipt this Period

49791.00

☐ Memo Item

IN-KIND: PAYROLL / OFFICE EXPENSES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHICK, JANICE, , ,

Mailing Address 116 VICTORIA WAY

City
ROSWELL

State
GA

Zip Code
30075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

234.05

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2020

Transaction ID : SA11AI.235153

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

229841.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARCIA, CATHERINE, , ,

Mailing Address 6600 SILKWOOD AVE NW

City

ALBUQUERQUE

State

NM

Zip Code

87121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2020

Transaction ID : SA11AI.235166

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACKSON, KENDALL, , ,

Mailing Address 2121 DALIS DR

City

CONCORD

State

CA

Zip Code

94520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2020

Transaction ID : SA11AI.235169

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACKSON, KENDALL, , ,

Mailing Address 2121 DALIS DR

City

CONCORD

State

CA

Zip Code

94520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2020

Transaction ID : SA11AI.235170

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACKSON, WILLIS, , ,

Mailing Address 4240 PEPPERTREE ST

City
COCOA

State
FL

Zip Code
32929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2020

Transaction ID : SA11AI.235171

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KISH, LOUIS, , ,

Mailing Address 769 CHAMPAIGN RD

City

LINCOLN PARK

State

MI

Zip Code

48146

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2020

Transaction ID : SA11AI.235175

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KISH, LOUIS, , ,

Mailing Address 769 CHAMPAIGN RD

City

LINCOLN PARK

State

MI

Zip Code

48146

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2020

Transaction ID : SA11AI.235176

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MONDAY, CAROL, , ,

Mailing Address 1955 SAINT CLAIR AVE

City
EAST LIVERPOOL

State
OH

Zip Code
43920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2020

Transaction ID : SA11AI.235197

Amount of Each Receipt this Period

- 50.00

☐ Memo Item
CHARGEBACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORGAN, MILDRED, , ,

Mailing Address 792 SWEETGUM RD

City
DU QUOIN

State
IL

Zip Code
62832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2020

Transaction ID : SA11AI.235198

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORGAN, MILDRED, , ,

Mailing Address 792 SWEETGUM RD

City
DU QUOIN

State
IL

Zip Code
62832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2020

Transaction ID : SA11AI.235199

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RIMMER, HAROLD, , ,

Mailing Address 311 ROYAL DR

City
CONVERSE

State
TX

Zip Code
78109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2020

Transaction ID : SA11AI.235206

Amount of Each Receipt this Period

- 50.00

☐ Memo Item
CHARGEBACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RIMMER, HAROLD, , ,

Mailing Address 311 ROYAL DR

City
CONVERSE

State
TX

Zip Code
78109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2020

Transaction ID : SA11AI.235207

Amount of Each Receipt this Period

- 50.00

☐ Memo Item
CHARGEBACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RITTER, CHARLES, , ,

Mailing Address 11631 KNIGHTSBRIDGE PL

City
WELLINGTON

State
FL

Zip Code
33449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2020

Transaction ID : SA11AI.235208

Amount of Each Receipt this Period

- 100.00

☐ Memo Item
CHARGEBACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAWES, KATHY, , ,

Mailing Address 258 PARADISE BY THE SEA BLVD

City
PANAMA CITY BEACH

State
FL

Zip Code
32461

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2020

Transaction ID : SA11AI.235215

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UFFELMAN, LA VONNE, , ,

Mailing Address 7301 PINE LAKE RD

City
LINCOLN

State
NE

Zip Code
68516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2020

Transaction ID : SA11AI.235220

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UFFELMAN, LA VONNE, , ,

Mailing Address 7301 PINE LAKE RD

City
LINCOLN

State
NE

Zip Code
68516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2020

Transaction ID : SA11AI.235221

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WISE, JOHN, , ,

Mailing Address 7311 BACHELORS BUTTON DR

City
LAS VEGASState
NVZip Code
89131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2020

Transaction ID : SA11AI.235231

Amount of Each Receipt this Period

41.98

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 / /

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 / /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

41.98

230452.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 29
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRIPE

Mailing Address 3180 18TH STREET

City

SAN FRANCISCO

State

CA

Zip Code

94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3756.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2020

Transaction ID : SA15.235124

Amount of Each Receipt this Period

0.04

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRIPE

Mailing Address 3180 18TH STREET

City

SAN FRANCISCO

State

CA

Zip Code

94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3756.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2020

Transaction ID : SA15.235125

Amount of Each Receipt this Period

0.04

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRIPE

Mailing Address 3180 18TH STREET

City

SAN FRANCISCO

State

CA

Zip Code

94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

3756.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2020

Transaction ID : SA15.235127

Amount of Each Receipt this Period

0.07

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

SUBTOTAL of Receipts This Page (optional)..... ►

0.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 29

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRIPE

Mailing Address 3180 18TH STREET

City

SAN FRANCISCO

State

CA

Zip Code

94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3773.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2020

Transaction ID : SA15.235134

Amount of Each Receipt this Period

16.89

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRIPE

Mailing Address 3180 18TH STREET

City

SAN FRANCISCO

State

CA

Zip Code

94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3820.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2020

Transaction ID : SA15.235138

Amount of Each Receipt this Period

47.81

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRIPE

Mailing Address 3180 18TH STREET

City

SAN FRANCISCO

State

CA

Zip Code

94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

3821.27

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2020

Transaction ID : SA15.235132

Amount of Each Receipt this Period

0.42

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

SUBTOTAL of Receipts This Page (optional)..... ►

65.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 29

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3906.97

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2020

Transaction ID : SA15.235140

Amount of Each Receipt this Period

85.70

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3907.01

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2020

Transaction ID : SA15.235126

Amount of Each Receipt this Period

0.04

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3907.16

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2020

Transaction ID : SA15.235128

Amount of Each Receipt this Period

0.15

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 29

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3907.34

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2020

Transaction ID : SA15.235130

Amount of Each Receipt this Period

0.18

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3977.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2020

Transaction ID : SA15.235139

Amount of Each Receipt this Period

69.74

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4315.95

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2020

Transaction ID : SA15.235143

Amount of Each Receipt this Period

338.87

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

408.79

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 29

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4338.26

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2020

Transaction ID : SA15.235135

Amount of Each Receipt this Period

22.31

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4366.26

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2020

Transaction ID : SA15.235136

Amount of Each Receipt this Period

28.00

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCO

State
CA

Zip Code
94110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4369.26

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2020

Transaction ID : SA15.235133

Amount of Each Receipt this Period

3.00

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

53.31

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 29

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4397.69

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA15.235137

Amount of Each Receipt this Period

28.43

☐ Memo Item

VENDOR REFUND: FEE REVERSAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

28.43

641.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 29
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34563.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2020

Transaction ID : SA17.235129

Amount of Each Receipt this Period

0.17

☐ Memo Item
INTEREST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34691.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2020

Transaction ID : SA17.235141

Amount of Each Receipt this Period

128.10

☐ Memo Item
INTEREST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

34691.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2020

Transaction ID : SA17.235131

Amount of Each Receipt this Period

0.19

☐ Memo Item
INTEREST

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

128.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 29
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34823.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2020

Transaction ID : SA17.235142

Amount of Each Receipt this Period

131.91

☐ Memo Item

INTEREST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

131.91

260.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARDMailing Address COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2020			

FEC Identification Number

C**Transaction ID : SB21B.23510**

Amount of Each Disbursement this Period

14.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARDMailing Address COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2020			

FEC Identification Number

C**Transaction ID : SB21B.23510**

Amount of Each Disbursement this Period

29.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARDMailing Address COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2020			

FEC Identification Number

C**Transaction ID : SB21B.23511**

Amount of Each Disbursement this Period

49.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

92.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2020

Mailing Address COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818City
OMAHAState
NEZip Code
68103-2818Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.23511**

Amount of Each Disbursement this Period

109.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADOBE ACROPRO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2020

Mailing Address 345 PARK AVE

City
SAN JOSEState
CAZip Code
95110Purpose of Disbursement
1ST BANKCARD PMT [SB21B.235108]: SOFTWARE SUBSCRIPTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.23523**

Amount of Each Disbursement this Period

14.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICA FIRST POLICIES, INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2020

Mailing Address 1400 CRYSTAL DRIVE
SUITE 850City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
IN-KIND: PAYROLL / OFFICE EXPENSES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.23771**

Amount of Each Disbursement this Period

49791.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

49900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. BULLDOG COMPLIANCEMailing Address 138 CONANT ST
2ND FLOORCity
BEVERLYState
MAZip Code
01915Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2020

FEC Identification Number

C

Transaction ID : SB21B.23511

Amount of Each Disbursement this Period

13700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		15		2020

FEC Identification Number

C

Transaction ID : SB21B.23511

Amount of Each Disbursement this Period

13.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLOUDFLARE

Mailing Address 101 TOWNSEND ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
1ST BANKCARD PMT [SB21B.235111]: SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		08		2020

FEC Identification Number

C

Transaction ID : SB21B.2352:

Amount of Each Disbursement this Period

80.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13713.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. DANIEL K. HAGOOD, P.C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		23		2020

Mailing Address 1801 S 2ND ST

City
MCALLENState
TXZip Code
78503Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.23511**

Amount of Each Disbursement this Period

11247.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KASOWITZ BENSON TORRES LLP

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		23		2020

Mailing Address 1633 BROADWAY

City
NEW YORKState
NYZip Code
10019Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.23511**

Amount of Each Disbursement this Period

5025.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		23		2020

Mailing Address 666 THIRD AVENUE

City
NEW YORKState
NYZip Code
10017Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.23511**

Amount of Each Disbursement this Period

10195.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

26467.96

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. ONMESSAGE INC.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	2	0		

Mailing Address 705 MELVIN AVE
#105City
ANNAPOLISState
MDZip Code
21401Purpose of Disbursement
POLLING EXPENSE

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.23510**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. REVV LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	1			2	0	2	0		

Mailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
1ST BANKCARD PMT [SB21B.225109]: MERCHANT FEE

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.23523**

Amount of Each Disbursement this Period

49.00

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. SHUTTERSTOCK

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	7			2	0	2	0		

Mailing Address 350 FIFTH AVE
21ST FLOORCity
NEW YORKState
NYZip Code
10118Purpose of Disbursement
1ST BANKCARD PMT [SB21B.235109]: PRODUCTION COST: IMAGING

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.23523**

Amount of Each Disbursement this Period

29.00

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. SHUTTERSTOCKMailing Address 350 FIFTH AVE
21ST FLOORCity
NEW YORKState
NYZip Code
10118Purpose of Disbursement
1ST BANKCARD PMT [SB21B.235111]: PRODUCTION COST: IMAGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2020			

FEC Identification Number

C**Transaction ID : SB21B.23523**

Amount of Each Disbursement this Period

29.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH STREET

City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2020			

FEC Identification Number

C**Transaction ID : SB21B.23512**

Amount of Each Disbursement this Period

24.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY, LLCMailing Address 2311 WILSON BLVD
SUITE 200City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
SMS TEXT POLLING EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2020			

FEC Identification Number

C**Transaction ID : SB21B.23511**

Amount of Each Disbursement this Period

81033.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

81057.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. THREE ARBOR INSURANCE INC

Mailing Address 421 OFFICE PARK DR

City
BIRMINGHAMState
ALZip Code
35223Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2020

FEC Identification Number

C**Transaction ID : SB21B.23512**

Amount of Each Disbursement this Period

9412.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9412.00

183643.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. SAVE THE U.S. SENATE PAC

Mailing Address 1313 22ND ST NW

City
WASHINGTONState
DCZip Code
20037Purpose of Disbursement
FEDERAL CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		07		2020

FEC Identification Number

C C00763730**Transaction ID : SB23.235113**

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100000.00

100000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 29 OF 29

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

AMERICA FIRST ACTION, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ONMESSAGE INC.

Nature of Debt (Purpose):
POLLING EXPENSEMailing Address 705 MELVIN AVE
#105City
ANNAPOLISState
MDZip Code
21401

Outstanding Balance Beginning This Period

3000.00

Transaction ID : SD10.230062

Amount Incurred This Period

0.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►